

1259

P  
County of  
District of  
Town of  
or  
City of  
Full Name  
If c. 18  
Sex of  
Child  
Full  
Name

State File No. 117, Gila Co.

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \* 117

Place of Birth Miami County Gila No. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
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I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH\* Aug 9 1914  
(Month) (Day) (Year)

Gayden Kenyon Kilbourne  
(Give name in full) (Surname)

FATHER  
FULL NAME Jefferson Gayden Kilbourne

Mrs E. B. Kilbourne  
(Parent's Signature)

MOTHER  
FULL MAIDEN NAME Emma Brunner Kilbourne

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

725-809-529